

Obtaining the views of general practitioners on the services to which they refer patients — a locality approach

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SUMMARY

A survey, with a locality emphasis, of the opinions of Fife general practitioners (GPs) on the quality and availability of a selection of services to which the GPs refer their patients was undertaken. Far more GPs rated services as 'poor' for availability than for quality. GPs acting as locality advisers were actively involved in the planning and execution of the survey as well as the dissemination of the results. The overall response rate was disappointing considering this approach.

Keywords: questionnaire survey; referral of patients; general practitioners.

Introduction

Obtaining the views of GPs on the services to which they refer patients is an important part of the planning and development of such services, but identifying effective methods for obtaining these views is difficult. One method that has been widely used is the postal questionnaire survey, but response rates vary considerably. Hicks¹ and Brockway² obtained responses from 76% and 70% of GPs respectively, and Hull obtained the views of 66% of GPs on the quality of hospital services.³ Several other studies have focused on single services, obtaining response rates of 24% (cardiology),⁴ 27% (community psychiatric nursing service),⁵ 79% (provision of intrapartum care),⁶ and 71% (domiciliary hospice service).⁷ Harris reported the successful use of computer-assisted telephone interviewing,⁸ Sibbald found that telephone follow-up of non-responders to a postal survey increased the response rate from 52% to 82%,⁹ and Maheux reported that personalizing reminders to initial non-responders significantly increased response rates.¹⁰ McAvoy has recently reviewed the reasons for falling response rates and suggested ways of reversing this trend, including working through the developing research networks in primary care.¹¹

In 1993, Fife Health Board sought the opinions by postal survey of the 211 Fife GPs on all services purchased by the board. Results from the 128 (61%) completed questionnaires were reported back and discussed with the GPs (Baijal *et al*, unpublished manuscript). In 1995, the board commissioned a follow-up survey to be focused on fewer services. The service-specific

results, grouped by locality, were reported to the board (Hester SB *et al*, unpublished manuscript) and are the basis of current discussions between the purchaser, providers, and GPs.

Method

Fife GPs are divided into eight 'localities'; a GP from each acts as a locality adviser to the health board. Two further GPs advise the board directly on Fife-wide issues. These 10 GPs attended a structured meeting using a modified version of the nominal group technique (Horobin JM, unpublished manuscript) to select services for inclusion in a questionnaire. Twenty-three services were selected from those perceived to be problematic as a result of the previous survey, from those deemed problematic at the time of the follow-up survey, and from those developed since the last survey (Table 1).

A semi-structured postal questionnaire was piloted with locality advisers and then modified. GPs were asked to rate their opinion of each service both for availability (amount of care available, ease of access to the service, and waiting time) and for quality, by hospital or provider, using a three-point scale of 'good', 'adequate', or 'poor'. Space was available for comments on each service listed and on any others. Locality advisers distributed the questionnaires to their colleagues, along with a covering letter from the researcher. Completed questionnaires were returned directly to the researcher. Locality advisers contacted their non-responding colleagues in person or by telephone to encourage them to complete the form.

Four focus group discussions were held throughout Fife, to which locality advisers personally invited all Fife GPs. Attendees received a postgraduate education allowance. The purpose of the meetings was two-fold: to present Fife-wide and local results, and to discuss those services rated locally as 'poor' in order to examine the perceived reasons for those ratings.

Results

A total of 115 questionnaires was returned out of 210 (55%). A far greater number of GPs rated the availability, as opposed to the quality, of the 23 services as 'poor'. Attendance at the focus group discussions totalled eleven, six, five, and five GPs respectively. There was considerable discussion about the problems with services that were rated poorly. Where services were provided across localities, there was consensus on the service-specific issues.

Discussion

Fife Health Board, as purchasing authority for Fife, sought to involve GPs in the planning process by consulting them through a commissioned survey on the services to which they refer. The board considered that using the developing network of GPs acting as locality advisers in Fife was likely to give a higher response rate than the 1993 survey. The locality adviser was involved at the planning stage (including the selection of services for inclusion in the survey), in the distribution and follow-up of questionnaires, and in the personal invitations to the meeting

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Table 1. Services selected for inclusion in questionnaire.

Geriatric medicine (including acute, admissions, and rehabilitation)
Cardiology
Dermatology
Orthopaedics
Pain relief clinic
Accident and emergency
Services for breast disease
Endoscopy
Obstetrics
Community psychiatric nurses
Clinical psychology (adult)
Adult psychiatry
Physiotherapy
Services for drug abuse
Services for alcohol abuse
Audiology (including hearing aids)
Family planning (including infertility services)
Health visiting
Community nursing services
Social services, as arranged for hospital discharges
Laboratory services
Pathology (including microbiology and cytology)
Biochemistry/clinical chemistry
Haematology
Open access for
Echoes
Radiology
Ultrasound
Patient transport service (non-emergency)

held to discuss the survey results.

The number of services included in the survey was restricted to limit the size of the questionnaire. The structured meeting made it possible to include in the questionnaire only those services perceived by the GP advisers to be problematic. However, all survey respondents were invited to comment on any other services.

The overall response rate to the questionnaires (55%) was similar to that for the previous survey carried out in Fife (61%), and this, together with the poor attendance at the focus group discussions, was disappointing given that the locality advisers were actively involved in both activities, and that the survey was to be used by the health board to plan further development of services. The locality advisers fully supported the survey, but there is no evidence whether or not this increased the interest of other GPs. It is possible that many GPs perceived this survey, two years after the first, as contributing to 'survey fatigue'. However, without the involvement of the locality adviser, the response rate could have been lower.

The response both to the questionnaires and to the invitations to meetings highlights the difficulty of obtaining the views of GPs, even regarding services to which they refer patients. The board will need to review its procedure for this in the future.

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